



**EQUALITY IMPACT ASSESSMENT FORM**

Equality impact assessment is a requirement for all strategies, plans, functions, policies, procedures and services under the Equalities Act 2010. We are also required to publish assessments so that we can demonstrate how we have considered the impact of proposals.

Date 25.6.21	Version Number: V 1.1
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**Section 1: Description**

Department	People	Lead officer responsible for assessment	Jill Stenton						
Service	Commissioning	Other members of team undertaking assessment	Colin Jacklin						
Date	25.6.21	Version	1.1						
Type of document (mark as appropriate)	<table border="1"> <tr> <td>Strategy X</td> <td>Plan</td> </tr> </table>	Strategy X	Plan	<table border="1"> <tr> <td>Function</td> <td>Policy</td> </tr> </table>	Function	Policy	<table border="1"> <tr> <td>Procedure</td> <td>Service</td> </tr> </table>	Procedure	Service
Strategy X	Plan								
Function	Policy								
Procedure	Service								
Is this a new/existing/revision of an existing document (mark as appropriate)	New	Existing	Revision X						
<p>Title and subject of the impact assessment (include a brief description of the aims, outcomes , operational issues as appropriate and how it fits in with the wider aims of the organisation)</p> <p>Please attach a copy of the strategy/plan/function/policy/procedure/service</p>	<p><b>Carers Support Re-Commission and Draft Carers Strategy Development</b></p> <p>Existing support to carers is currently commissioned out to the Carers Hub service that covers the Cheshire East area. This contract is due to come to an end soon and a recommissioning process will commence in due course.</p> <p>It has been identified that many care issues cross Local Authority boundaries and some areas across the sub region have a greater level of accessibility than others. It has therefore been decided to run this a joint commissioning exercise between Cheshire East Council and Cheshire West &amp; Chester Councils. At the same time there is a need to refresh the existing Carers Strategy.</p>								

	<p>The purpose of this EIA is therefore:</p> <ol style="list-style-type: none"> <li>1). To assess any potential negative disproportionate effects on people with protected characteristics due to the recommission with particular reference to the change to its joint nature with Cheshire West and changed footprint</li> <li>2). To assess any potential negative disproportionate effects on people with protected characteristics due to the development of a new Carers Strategy</li> <li>3). To pay particular regard when assessing potential negative impacts, to the effects of the pandemic and forecast changes in demand and other determinants as the area enters into a recovery phase</li> </ol> <p>The outgoing strategies for reference are here:</p> <p> cec-carers-hub-eia-2018-signed-off-14.09.</p> <p> joint-carers-strategy-2016-2018.pdf</p> <p>The rationale for a single commission approach to carer support will remain unchanged and as described in the Carers Hub EIA above.</p> <p>The mission to recognise the vital support that carers provide and the need to promote available support, celebrate their importance and provide a support that will carefully and sensitively assess need provide practical support is also unchanged and as laid out in the previous strategy as above.</p> <p>A report is to be taken to the Council’s Adult &amp; Health Committee to seek approval for the recommission of the carers hub. Research, reviews and consultation with residents and stakeholders will take place on the Pan Cheshire service offer.</p> <p>The Council has recently formed a Carers Partnership Board. This Board has met once and will be an excellent sounding board for this EIA.</p>
<p><b>Who are the main stakeholders? (eg general public, employees, Councillors, partners, specific audiences)</b></p>	<p>People who use services Carers</p>

	Independent Sector Providers Commissioners Operational Staff NHS
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## Section 2: Initial screening

<b>Who is affected? (This may or may not include the stakeholders listed above)</b>	All the stakeholders identified.
<b>Who is intended to benefit and how?</b>	Carers, their families and the people they are caring for
<b>Could there be a different impact or outcome for some groups?</b>	Potentially
<b>Does it include making decisions based on individual characteristics, needs or circumstances?</b>	All social care services are offered on the basis of assessed eligible need.
<b>Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)</b>	This will be identified through the on-going development of the strategy and this EIA which can be monitored by the Carers Partnership Board and any consultation processes. However, we don't anticipate that relations between different groups or communities will be affected, if anything they will be enhanced by greater links between the service provision and local stakeholders.
<b>Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?</b>	No – all decision and solutions will be based on a fully personalised approach. Alternative providers and future providers will be expected to evidence an equality and inclusion policy and plan.
<b>Is there an actual or potential negative impact on these specific characteristics? (Please tick)</b>	

Age		Y	Marriage & civil partnership		Y	Religion & belief		N	Carers	Y	
Disability		Y	Pregnancy & maternity		N	Sex		N	Socio-economic status	Y	
Gender reassignment		N	Race		N	Sexual orientation		N			
<b>What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts</b>									<b>Consultation/involvement carried out</b>		
									Yes	No	
Age	<p>There is strong evidence to confirm that caring responsibilities can have an especially negative impact on the lives of young people, and older adults. As the Strategy evolves so will this EIA in order to assess any disproportionate effects. These can then be fed back to the team developing the strategy to determine what mitigating actions can be put in place.</p> <p>As a starting point, existing data from the Carers Hub will be analysed to look at age profiles and any feedback that has been recorded about the negative impact of being young or elderly.</p>								No		
Disability	<p>We know that many carers are themselves elderly and may have disabilities/health conditions themselves.</p> <p>Existing data from the Carers Hub will be analysed to assess how many carers currently being supported fall into this category and any particular negative impacts that are surfacing.</p>								No		
Gender reassignment	<p>No recording of gender reassignment takes place on the Council's social care record system as such data on this will be unavailable. However, there is no known element in these proposals which is likely to lead to discrimination on the basis of this protected characteristic.</p>								No		
Marriage & civil partnership	<p>It is possible that caring duties could place additional strain in marriages for instance when one of the couple is carrying out caring duties. There is no known data on this and so could be a subject for discussion at the newly formed Carers Partnership Board and to see if further consultation is required.</p>								No		
Pregnancy & maternity	<p>It is possible that some couples who had been planning a family may have had to delay these plans if they have needed to take on some caring duties of a family member. There is no direct evidence of this as yet. However, this could</p>								No		

	be a subject for discussion at the newly formed Carers Partnership Board and to see if further consultation is required.		
<b>Race</b>	Analysis needs to take place to establish if there is a disproportionately low take up of carer support from ethnic minority people. Anecdotal evidence suggests that many families especially from Asian, Afro-Caribbean and Chinese ethnicities tend to provide “in-family” care and not always seek needed support. This this could be a subject for discussion at the newly formed Carers Partnership Board to see if further consultation is required.		<b>No</b>
<b>Religion &amp; belief</b>	It is possible that families who take part in and our part of a religious community may benefit from emotional, spiritual and practical support e.g. through church support. It is not known what overall beneficial effect that this brings but could be a subject for discussion at the newly formed Carers Partnership Board and to see if further consultation is required.		<b>No</b>
<b>Sex</b>	The patterns of caring are different in men and women. The majority of adults caring are women although the percentage of carers who are men increases with age. As a starting point, existing data from the Carers Hub will be analysed to look at this.		<b>No</b>
<b>Sexual orientation</b>	Data is not routinely recorded related to this protected characteristic for customers. However, there is no known evidence to suggest an impact is likely for this group.		<b>No</b>
<b>Carers</b>	This protected characteristic group is the subject of this EIA.		<b>No</b>
<b>Socio-economic status</b>	Carers who have high levels of savings may not need to continue to work and choose to take up a caring duty (e.g. of a family member) and then give up work. This choice may not be possible for someone who has to maintain work in order to have sufficient income to live/keep their house/pay rent, bills etc. Additional strain may feature for people who have to maintain full-time work and commit to caring duties. As a starting point, existing data from the Carers Hub will be analysed to look at this and then discussed at the Carers Partnership Board to see if further consultation is required.		<b>No</b>
<b>Proceed to full impact assessment? (Please tick)</b>	<b>Yes</b>		<b>Date 25/6/21</b>

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If yes, please proceed to Section 3. If no, please publish the initial screening as part of the suite of documents relating to this issue

### Section 3: Identifying impacts and evidence

This section identifies if there are impacts on equality, diversity and cohesion, what evidence there is to support the conclusion and what further action is needed

Protected characteristics	Is the policy (function etc....) likely to have an adverse impact on any of the groups?  Please include evidence (qualitative & quantitative) and consultations	Are there any positive impacts of the policy (function etc....) on any of the groups?  Please include evidence (qualitative & quantitative) and consultations	Please rate the impact taking into account any measures already in place to reduce the impacts identified <b>High:</b> Significant potential impact; history of complaints; no mitigating measures in place; need for consultation <b>Medium:</b> Some potential impact; some mitigating measures in place, lack of evidence to show effectiveness of measures <b>Low:</b> Little/no identified impacts; heavily legislation-led; limited public facing aspect	Further action (only an outline needs to be included here. A full action plan can be included at Section 4)
<b>Age</b>	There is strong evidence to confirm that caring responsibilities can have an especially negative impact on the lives of young people, and older adults. As the Strategy evolves so will this EIA in order to assess any disproportionate effects. These can then be fed back to the team developing the strategy to determine what mitigating actions can be out on place.		Medium	As a starting point, existing data from the Carers Hub will be analysed to look at age profiles and any feedback that has been recorded about the negative impact of being young or elderly people.  This will help to shape the development of the new Carers Strategy and the

	<p>There would appear to be no disproportionate effect on this group regarding the service being expanded to the larger area.</p> <p>The effects of the pandemic may have increased the demand on existing informal caring duties. If the carer is themselves elderly or with a health condition then they may not have been able to directly carry out some of the previous support roles (e.g. going to the pharmacy or taking some respite and going out to the theatre/pub etc.). This will ease as all restrictions are eased but there may be some legacy effects that need to be analysed.</p>			<p>recommissioning process for the Carers Support Service</p>
<p><b>Disability</b></p>	<p>We know that many carers are themselves elderly and may have disabilities/ health conditions themselves.</p> <p>There would appear to be no disproportionate effect on this group regarding the service being expanded to the larger area.</p> <p>The effects of the pandemic may have increased the demand on existing informal caring duties. If the carer is disabled (and in a vulnerable group) then they may not have been able to directly carry</p>	<p>.</p>	<p>Medium</p>	<p>Existing data from the Carers Hub will be analysed to assess how many carers currently being supported fall into this category and any particular negative impacts that are surfacing.</p> <p>This will help to shape the development of the new Carers Strategy and the recommissioning process for the Carers Support Service.</p>

	<p>out some of the previous support roles (eg going to the pharmacy or taking some respite and going out to the theatre/pub etc.) This will ease as all restrictions are eased but there may be some legacy effects that need to be analysed.</p>			
<b>Gender reassignment</b>	<p>No recording of gender reassignment takes place on the Council's social care record system as such data on this will be unavailable. However, there is no known element in these proposals which is likely to lead to discrimination of the basis of this protected characteristic.</p>		Low	
<b>Marriage &amp; civil partnership</b>	<p>It is possible that caring duties could place additional strain in marriages for instance when one of the couple is carrying out caring duties.</p> <p>There would appear to be no disproportionate effect on this group regarding the service being expanded to the larger area.</p>		Medium	<p>There is no known data on this and so could be a subject for discussion at the newly formed Carers Partnership Board and to see if further consultation is required.</p>



	<p>The effects of the pandemic may have also put additional strain on couples with caring duties who have also had to contend with home education of their children during lockdown. There may be a legacy effect of this post-pandemic.</p>			<p>This will help to shape the development of the new Carers Strategy and the recommissioning process for the Carers Support Service</p>
<p><b>Pregnancy and maternity</b></p>	<p>It is possible that some couples who had been planning a family may have had to delay these plans if they have needed to take on some caring duties of a family member.</p> <p>There would appear to be no disproportionate effect on this group re the service being expanded to the larger area.</p> <p>No obvious COVID issues relate to this group.</p>		<p>Medium</p>	<p>There is no direct evidence of this as yet. However, this could be a subject for discussion at the newly formed Carers Partnership Board and to see if further consultation is required.</p> <p>This will help to shape the development of the new Carers Strategy and the recommissioning process for the Carers Support Service</p>
<p><b>Race</b></p>	<p>Analysis needs to take place to establish if there is a disproportionately low take up of carer support from ethnic minority people. Anecdotal evidence suggests that many families especially from Asian, Afro-Caribbean and Chinese ethnicities tend to provide “in-family” care and not always seek needed support.</p>		<p>Medium</p>	<p>This this could be a subject for discussion at the newly formed Carers Partnership Board to see if further consultation is required.</p> <p>This will help to shape the development of the new Carers Strategy and the</p>

	<p>There would appear to be no disproportionate effect on this group regarding the service being expanded to the larger area.</p> <p>The effects of the pandemic may have increased the demand on existing informal caring duties. If the carer is from an ethnic minority group it is more likely that they will not have historically sought support. If this non take up of support continued during lockdown then the increase demands and strain may have been felt even more acutely. This will ease as all restrictions are eased but there may be some legacy effects that need to be analysed.</p>			<p>recommissioning process for the Carers Support Service.</p>
<p><b>Religion &amp; belief</b></p>	<p>It is possible that families who take part in and our part of a religious community may benefit from emotional, spiritual and practical support e.g. through church support.</p> <p>There would appear to be no disproportionate effect on this group regarding the service being expanded to the larger area.</p>		<p>Medium</p>	<p>It is not known what overall beneficial effect that this brings but could be a subject for discussion at the newly formed Carers Partnership Board and to see if further consultation is required.</p> <p>This will help to shape the development of the new Carers Strategy and the recommissioning process for the Carers Support Service</p>

<p><b>Sex</b></p>	<p>The patterns of caring are different in men and women. The majority of adults caring are women although the percentage of carers who are men increases with age.</p> <p>There would appear to be no disproportionate effect on this group regarding the service being expanded to the larger area.</p> <p>The effects of the pandemic may have increased the demand on existing informal caring duties. Females are the predominant carers. Often their jobs are within sectors that have been hit harder by the pandemic. This could have a doubling effect if reduced income at the same time as maintaining significant caring duties.</p>		<p>Medium</p>	<p>As a starting point, existing data from the Carers Hub will be analysed to look at this.</p> <p>This will help to shape the development of the new Carers Strategy and the recommissioning process for the Carers Support Service</p>
<p><b>Sexual orientation</b></p>	<p>Data is not routinely recorded related to this protected characteristic for customers. However, there is no known evidence to suggest an impact is likely for this group.</p>		<p>Low</p>	
<p><b>Carers</b></p>	<p>This protected characteristic group is the subject of this EIA.</p>		<p>High</p>	
<p><b>Socio-economics</b></p>	<p>Carers who have high levels of savings may not need to continue</p>		<p>Medium</p>	<p>As a starting point, existing data from the Carers Hub will</p>

	<p>to work and choose to take up a caring duty (e.g. of a family member) and then give up work.</p> <p>This choice may not be possible for someone who has to maintain work in order to have sufficient income to live/keep their house/pay rent, bills etc. Additional strain may feature for people who have to maintain full-time work and commit to caring duties.</p> <p>There would appear to be no disproportionate effect on this group regarding the service being expanded to the larger area.</p> <p>The effects of the pandemic may have increased the demand on existing informal caring duties. If the carer is from a low income group then it is more likely that their job will have been furloughed (eg hospitality, travel, non-essential retail, beauty/hairstyling etc). This will ease as all restrictions are eased but there may be some legacy effects that need to be analysed.</p>			<p>be analysed to look at this and then discussed at the Carers Partnership Board to see if further consultation is required. This will help to shape the development of the new Carers Strategy and the recommissioning process for the Carers Support Service</p>
<p><b>Is this project due to be carried out wholly or partly by contractors? If yes, please indicate how you have ensured that the partner organisation complies with equality legislation (e.g. tendering, awards process, contract, monitoring and performance measures)</b></p>				

The same principles in this process will be applied to any potential provider, spec development and commissioning. The tendering and awarding process will consider this as part of the assessment process. Additionally, ongoing effective monitoring of contracts will take place. The provider will be organised, and Services provided, in a way which does not discriminate against the Service User or Employee in respect of any of the protected characteristics under the Equality Act 2010.

#### Section 4: Review and conclusion

**Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed**

The initial action that will be planned around all the above will focus on analysis of existing data from the Carers Hub. This will then be presented and discussed at the Carers Partnership Board to see if further consultation is required. This will help to shape the development of the new Carers Strategy and the recommissioning process for the Carers Support Service.

<b>Specific actions to be taken to reduce, justify or remove any adverse impacts</b>	<b>How will this be monitored?</b>	<b>Officer responsible</b>	<b>Target date</b>
Identification of individuals currently accessing services and good communications of the service change.	Carers Partnership Board  Carers is a cross cutting theme in most other groups and partnerships as well and so feedback will be sought from this wider network as well	Jill Stenton	25.6.21
<b>Please provide details and link to full action plan for actions</b>	A full action plan will be developed and a dedicate sub-group of the Carers Partnership Board will be formed to oversee this		
<b>When will this assessment be reviewed?</b>	23.8.21		

<b>Are there any additional assessments that need to be undertaken in relation to this assessment?</b>	N/A		
<b>Lead officer signoff</b>			
<b>Head of service signoff</b>			

**Please publish this completed EIA form on your website**

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Draft Copy

Issue date – xx/xx/2021



## **Carers Provider Market Engagement Questionnaire**

Cheshire East Council is seeking to engage on the development and delivery of a comprehensive All Age Carers Strategy.

Anyone can become a carer, and carers come from all walks of life, all cultures and can be any age. Many feel that they're doing what anyone would do in the same situation, caring for a mother, father, wife, husband, son, daughter or best friend, for example. Around 3 in 5 people will be carers at some point in their lives.

There are nearly six million unpaid carers in the UK. You are a carer if you provide unpaid support with day to day living tasks or personal care to a family member or friend such as helping them to wash, get dressed, eat, taking them to appointments, or keeping them company when they feel lonely or anxious. Those you care for could be ill, frail, disabled, suffer from poor mental health or have a substance or alcohol misuse problem.

Often carers care for more than one person and there may be family situations where, for example, a couple mutually care for each other and there is no main carer.

In Cheshire East, around 42,000 people identify themselves as carers. This does not include the carers of all ages that we're unaware of, 'hidden' from mainstream services and support, either not recognising or choosing not to declare their caring role.

A young carer is someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled, has a mental health condition or misuses drugs or alcohol. It could be a brother or sister or a parent or grandparent.

We are seeking to develop a co-produced All Age Carers strategy involving people who use services, their families/carers, and providers, that explains what the Council offers around the support for carers. The aim is to provide carers with choices, information and advice, support, and guidance to fulfil their role as a carer but also to assist them in whilst maintaining good health and wellbeing.

When services are provided, we want them to be of a high quality. We want to design a strategy to ensure that future carer services are relevant, flexible, affordable, and developed in line with the learning and good practice developed during the current pandemic so that we can ensure people's needs are met.

### **Why are we looking to engage?**

We need to ensure carers are better prepared for caring and can get support early to look after their own health and wellbeing with easily available advice and information as well as learning and training for carers to help them plan, prepare and provide care

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## How will we engage?

Due to the ongoing COVID-19 Pandemic we are unable to hold face-to-face meetings at this present time. Therefore, we will be using a variety of ways to reach out to as many people, organisations, and forums as possible through questionnaires, virtual focus groups and online market engagement events.

## Completing this Questionnaire

We want to hear from providers who currently deliver services or those who may look to deliver them in the future and give you the opportunity to make comments and suggestions about the way that services are provided in the future in relation to supporting carers.

We are seeking to obtain the views from a wide range of providers of day opportunities, including voluntary sector organisations, community groups and organisations who can provide information and advice and how they identify and support carers within their environment.

Your responses will be used by commissioners, in commercial confidence, to help in the development of a co-produced All Age Carers Strategy for Cheshire East.

If possible, please try to limit the size of your response to each question to ensure that it is brief and to the point. Simple bullet point responses would be acceptable for certain questions. Please ensure that you clearly state any assumptions made when responding.

Please note, you are not obliged to answer all or any of the questions asked within the questionnaire. Your responses will not be scored in anyway. This is an information gathering exercise to inform our strategy and is not a pre-qualification process. Completion of this questionnaire does not create any formal relationship between the responder and the Council.

You must carefully consider the use of phrases such as “in confidence” or “commercially sensitive” when responding since they will not necessarily protect your organisation’s information from disclosure under the Freedom of Information Act 2000. If any of the information submitted by your organisation is considered commercially sensitive, you should clearly identify such information as “commercially sensitive”.

At this point this is an opportunity for you to have your say and provide the Council with feedback to us to enable your organisation to have the opportunity to contribute and influence the future redesign, to ensure that services are fit for purpose, meet the assessed outcomes of carers and in turn help support the needs of the cared for.

<b>Name of Provider/Organisation:</b>
<b>Email Address:</b> <b>This will be used for contacting you regarding future developments around carer opportunities</b>
<b>1. Please provide a short summary (no more than 500 words) of the service you deliver that supports carers. This should include details on:</b> <ul style="list-style-type: none"><li>• The type of support provided (building based, community based, workplace based etc)</li><li>• client group(s) you support,</li><li>• location, of services</li><li>• current cost of attending the services (day/weekly rate if applicable)</li></ul>
<b>If you don't currently deliver any services, please leave blank, add n/a and move on to Q2.</b>

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**2. In terms of providing future services, please state how you could potentially help Cheshire East widen its current offer by supporting carers in developing innovative ways that can be cost effective providing positive outcomes for a carer and the cared for**

**3. What potential barriers or issues do you feel that would need to be taken into account and may prevent you (as a provider) from considering developing a wider offer for a carer (this could include cost implications, staffing capacity and capability, implications of COVID-19, locations etc)**

**4. Cheshire East Council are considering developing a Take a Break service for carers for the future commissioning**

*Offering a take a break service for carers will give them an opportunity to take some time out from their caring duties knowing that their loved one is in safe hands either for a few hours of the day or to gain a good night's sleep to recharge their batteries*

**Would your organisation be willing to tender to deliver commissioned services in the future? Please list any potential positive and negative aspects of this proposed approach.**

**5. Are there any other points of consideration that you feel that the Council would need to consider when commissioning breaks for carers**

Many thanks for taking the time to complete this questionnaire, your participation and responses are appreciated.

Deadline for questionnaire responses is **TBC**

Please either email or upload completed forms via The Chest or if you have queries, these should be addressed to **TBC**